

Missouri Department of Social Services
Children's Division
Critical Event Report (CS-23) INSTRUCTIONS

PURPOSE:

To provide a method to collect accurate, consistent information quickly and to notify CD Administration of certain fatalities and serious injuries where Child Abuse/Neglect is alleged, or where the Division has a history of involvement with the family, and for cases receiving media attention. Additionally, the CS-23 will aid in the review and analysis of the information by central office in identifying trends across the State, for the purpose of improving policy, practice and to identify and address training needs within the Division.

NUMBER OF COPIES AND DISTRIBUTION:

One copy is completed and retained with the CA/N report, Non-CA/N fatality referral (F-referral), or open case record (for non-CA/N related critical events only).

The CS-23 is to be sent to the CD Director via email sent to: [CD.CriticalEventReport](#) (and copied to Circuit Manager, and Regional Administrator) within specified timeframes as outlined in Child Welfare Manual Section 2, Chapter 4.3.9.1, Fatality/Critical Events Reporting and Review Protocol

INSTRUCTIONS FOR COMPLETION:

A CS-23 (in addition to a follow up Fatality/Critical Event Summary) are now required for:

- All fatality reports in which child abuse or neglect has been alleged
- All near-fatal, critical events, or other cases with (or potential for) media attention
- Any Non-CA/N fatality referrals on families having current or past CD involvement (past referrals included); except for reports of death due to premature birth only, for which, professional discretion may be used.

Using guidelines listed above, a CS-23 must be completed by the CSW/ Supervisor who received notice from CANHU of the fatality and forwarded to Central Office (via e-mail sent to: [CD.CriticalEventReport](#); cc: Circuit Mgr and Regional Director) within:

- 3 hours (or by 9:00 a.m. the following business day for reports alerted after hours) for any open case or case with current media involvement (An open case includes any un-concluded CA/N report, open FCS, or open FCOOH case); or
- 24 hours for CA/N fatalities, or cases with prior history or potential for media involvement as specified above.

Check the appropriate box to indicate that the incident is a fatality, near fatality, or other.

Enter date to indicate when CS-23 will be e-mailed to CD.CriticalEventReport (or faxed, if e-mail is unavailable).

Enter County from which incident is being reported.

I. CHILD PERSONAL DATA

Enter the Child's name, Date of Birth, Race, Sex, DCN (if assigned), and check box to indicate if child is in CD custody or not.

Check the appropriate box to indicate the reason for submitting the Critical Event Report.

II. PARENT/GUARDIAN/OTHER PERSONAL DATA

Enter the name, relationship, phone number, DCN (if assigned), address of parent(s)/guardian(s), as applicable.

Enter the Name, Date of Birth, Race, Sex of other children in the home, and check the appropriate box to indicate if the child is protected or not.

III. PERPETRATOR PERSONAL DATA

Enter the Perpetrator name, relationship to child, phone number, DCN (if assigned), and address.

IV. INCIDENT INFORMATION

Enter the Incident number and date of the CA/N report or Non-CA/N referral, if applicable.

Enter the Date of Death or serious injury incident.

Enter the Date of the first personal contact with the child/family by the CSW related to the fatality/critical event incident.

Check the appropriate box to indicate the following:

- Law Enforcement Involvement
- Juvenile Court Involvement
- Actual Media Coverage
- Anticipation of Media Coverage
- Child Fatality Review Panel Involvement (ie: will they review this incident)
- STAT Involvement

Summarize the incident and preliminary findings of the investigation, or review of incident (if known, list possible causes of death). Include any criminal history and other evidence regarding the incident.

V. BACKGROUND INFORMATION

Check boxes to indicate whether any current *or* past history with the family exists regarding:

- Alternative Care
- Family Centered Services
- Adoption
- CA/N reports (including referrals, and newborn assessments)

Check box to indicate that there is another child's death /serious injury to any individual involved with the present child's death/serious injury. (Prior F-referrals or CA/N fatalities pertaining to anyone involved in the current incident would require this box to be checked yes). If yes, give dates and reasons.

SIGNATURES

The form is to be signed and dated by the CSW completing the report, and the Supervisor. Enter which County Office the CSW/Supervisor may be reached at for follow up information.

E-mail the completed CS-23 to this email address: [CD.CriticalEventReport](#). If you are unable to access e-mail, fax the completed CS-23 immediately to 573-526-3971.

Memorandum History: [CD05-50](#)